



KENTUCKY BOARD OF LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601

Phone (502) 564-3296 ~ <http://mft.ky.gov>

Applicant Name _____

LICENSURE AS A MARRIAGE AND FAMILY THERAPIST RENEWAL APPLICATION

Your Marriage and Family Therapist license expires on the date listed on our website. In accordance with KRS Chapter 335 and regulations governing this profession, you are required to renew your license each year by completing and submitting this form, the renewal fee of \$150.00 and listing the continuing education courses taken in the last licensure year on the next page.

NOTE: A minimum number of required continuing education units, including required Ethics CEUs must be listed; if you are a Board Approved Supervisor (BAS), CEUs required for **renewing** that status may also count as part of the total number of hours required. A late fee of \$75.00 must be submitted in addition to the renewal fee if postmarked after your expiration date and before the 90 day grace period. All fees must be paid by check or money order made payable to the Kentucky State Treasurer or online by credit card. (A service fee is added to credit card payments.) **Incomplete applications will not be processed or reviewed but will be returned to the applicant. There will be no exceptions.**

SECTION ONE

License Number: _____ Expiration Date: _____

1. Identity

NAME: *Last* *First* *Middle* (As you want it to appear on your license)

Social Security Number _____

2. Contact Information

Are there any changes in your contact information since your last application? Yes No

If yes, is the information a change to your personal phone numbers () home address ()

business phone () business phone () business address () email contact ()?

Personal Mailing Address: STREET CITY STATE ZIP

Personal Phone Numbers: CELL HOME COUNTY OF RESIDENCE

Preferred Email Address _____

Name Of Employer/Business _____

Address: STREET CITY STATE ZIP

Business Phone Contact: Office _____



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4. Have you been convicted of a felony or misdemeanor since the last renewal of your license?

☐ Yes ☐ No If yes, name the offense, case number and give background information, including court documentation. Add pages as needed. _____

5. Has your license to be a Marriage and Family Therapist or any other professional credential in Kentucky or any other state been subject to disciplinary action? ☐ Yes ☐ No If yes, list credential, State involved, name the disciplinary action taken and give background information.

SECTION TWO

**PLEASE LIST THE CONTINUING EDUCATION TRAINING COMPLETED
DURING THE LAST LICENSURE YEAR***

Training Titles (Designate Ethics Course with *)	Dates Attended Mo/Da/Yr	# Continuing Education Units earned
Total number of CEUs earned this licensure cycle:		

*CEUs must fulfill all regulatory requirements or a \$75.00 penalty will be assessed. Incomplete forms will be returned. Do NOT attach documentation unless you are being audited.



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SECTION THREE

Effective July, 2016, I verify with my initials that I have completed six (6) hours of training in the field of suicide assessment, treatment and management as required by 201 KAR 32:060 Section 1(4).

As required by 201 KAR 32:060 Section 1(5), all current license holders must complete three (3) hours of training in the field of domestic violence.

LICENSEE STATEMENT

I, the licensee named in the above, do declare that the information contained herein is true, correct and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure of Marriage and Family Therapists.

Applicant's Signature _____ Date _____

(Sign your name; do not print or type)

Please use this checklist to ensure that the application has been completed correctly and that you have mailed all necessary information to the Board. Applications with information missing will not be processed or reviewed for approval.

- Section 1— Personal Background. If you answer “yes” to numbers 4 OR 5 you MUST include the required information for your application to be approved. Insufficient information will cause your application to be deferred pending complete information.
- Section 2—Continuing Education Units. Have you listed the minimum number of required continuing education units, including required Ethics CEUs? For Board Approved Supervisors, those continuing education units taken to renew the supervisor status may also be included in the overall CEU total. However, initial supervisor training CEUs cannot count in the overall total. PLEASE NOTE: There will be a \$75.00 penalty assessed in addition to a possible late fee of \$75.00 if the CEUs submitted do not meet all regulatory requirements at the time of renewal.
- Section 3—Have you signed (not printed or typed) and dated your application?
- Have you enclosed the required \$150.00 application fee made payable to the Kentucky State Treasurer? If your application is postmarked AFTER the expiration date of your license but before the end of the 90 day grace period, you must also include an additional late fee of \$75.00.